Dkt. N	io			
DE	CLARATION AND POWE	R OF ATTORNEY	FOR PATENT	r APPLICATION
As a b	elow named inventor, We hereb	y declare that:		
My res	idence, post office address a	and citizenship are as	stated below n	ext to my name.
origin which Incor	eve I am the original, first al, first and joint inventor is claimed and for which a pa porating Bacterial Phag atological Infections_the	(if plural names are tent is sought on the Associated Lysi	listed below) of invention entiring Enzymes f	f the subject matter tled_A Composition
(check	one) Wis attached hereto	□ was filed on		_as
		Application Serial	No.	and
		was amended on _		
			(i	f applicable)
	by state that I have reviewed ication, including the claims			
I ackr applic	owledge the duty to disclose ation in accordance with Titl	information which is e 37, Code of Federal	material to the Regulations, §	examination of this 1.56(a).
foreig identi	by claim foreign priority ben on application(s) for patent of fied below any foreign application before that of the application	or inventor's certific sation for patent or i	ate listed belo nventor's certi	w and have also
	Prior Foreign Application(s)			Priority Claimed
12 th 15	(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR	FILED) YES NO
	(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR	FILED) YES NO
	(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR	FILED) YES NO
I here applic applic the fi materi	by claim the benefit under Ti ation(s) listed below and, in ation is not disclosed in the rst paragraph of Title 35, Un al information as defined in ed between the filing date of	sofar as the subject prior United States ited States Code, §11 Title 37, Code of Fed	matter of each application in 2, I acknowledgeral Regulation	of the claims of this the manner provided by e the duty to disclose s, §156(a) which

international filing date of this applications:

09/671,880 SEPTEMBER 28, 2000 Pending (APPLICATION SERIAL NO.) (FILING DATE) (STATUS) (PATENTED, PENDING, ABANDONED) (APPLICATION SERIAL NO.) (FILING DATE) (STATUS) (PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Jonathan E. Grant No. 34,830

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(301) 603-9071

Jonathan E. Grant Grant Patent Services 2120 L STREET, NW

Suite 210 Washington, D.C. 20037

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or	Vincent	Fischetti		
first inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME	
Inventor's signature				
Date of signature				
Residence	West Hempstead CITY	New York STATE OR PROVINCE	U.S.A. COUNTRY	
Citizenship	U.S.A.			
Post Office Address (insert complete mailing address, including country)	448 West Hempstead	, New York, USA		
Full name of second	Lawrence		Loomis	
inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME	
Inventor's signature				
Date of signature				
Residence	Columbia	Maryland	U.S.A.	
Ci£izenship	CITY	STATE OR PROVINCE	COUNTRY	
	11374 Buckeberry Path			
Post Office Address (insert complete mailing address, including country)	sert complete mailing			